

58-38a-101. Title.

This chapter is referred to as the "Controlled Substances Advisory Committee Act."

Enacted by Chapter 231, 2010 General Session

58-38a-102. Definitions.

(1) "Committee" means the Controlled Substances Advisory Committee created in this chapter.

(2) "Controlled substance schedule" or "schedule" means a schedule as defined under Section 58-37-4.

Enacted by Chapter 231, 2010 General Session

58-38a-201. Controlled Substances Advisory Committee.

There is created within the Division of Occupational and Professional Licensing the Controlled Substances Advisory Committee. The committee consists of:

- (1) the director of the Department of Health or the director's designee;
- (2) the State Medical Examiner or the examiner's designee;
- (3) the commissioner of the Department of Public Safety or the commissioner's designee;
- (4) one physician who is a member of the Physicians Licensing Board and is designated by that board;
- (5) one pharmacist who is a member of the Utah State Board of Pharmacy and is designated by that board;
- (6) one dentist who is a member of the Dentist and Dental Hygienist Licensing Board and is designated by that board;
- (7) one physician who is currently licensed and practicing in the state, to be appointed by the governor;
- (8) one psychiatrist who is currently licensed and practicing in the state, to be appointed by the governor;
- (9) one individual with expertise in substance abuse addiction, to be appointed by the governor;
- (10) one representative from the Statewide Association of Prosecutors, to be designated by that association;
- (11) one naturopathic physician who is currently licensed and practicing in the state, to be appointed by the governor;
- (12) one advanced practice registered nurse who is currently licensed and practicing in this state, to be appointed by the governor; and
- (13) one member of the public, to be appointed by the governor.

Amended by Chapter 60, 2011 General Session

58-38a-202. Terms of committee service.

- (1) (a) Members of the advisory committee shall serve terms of four years,

except that the members under Subsections 58-38a-201(1), (2), and (3) shall serve during their terms as appointed officials.

(b) Vacancies in the committee occurring otherwise than by the expiration of a term shall be filled for the unexpired term in the same manner as original appointments.

(2) A member may not receive compensation or benefits for the member's service, but may receive per diem and travel expenses in accordance with:

(a) Section 63A-3-106;

(b) Section 63A-3-107; and

(c) rules made by the Division of Finance pursuant to Sections 63A-3-106 and 63A-3-107.

(3) (a) The director of the Department of Health, or the director's designee, is the chair of the committee.

(b) The advisory committee meets at the call of the chair or at the call of a majority of the committee members.

(c) The advisory committee meets annually and more often as required to carry out its duties under this chapter.

(d) Seven members of the advisory committee constitute a quorum.

(e) Action by the committee requires a majority vote of a quorum.

Amended by Chapter 60, 2011 General Session

58-38a-203. Duties of the committee.

(1) The committee serves as a consultative and advisory body to the Legislature regarding:

(a) the movement of a controlled substance from one schedule or list to another;

(b) the removal of a controlled substance from any schedule or list; and

(c) the designation of a substance as a controlled substance and the placement of the substance in a designated schedule or list.

(2) On or before September 30 of each year, the committee shall submit to the Health and Human Services Interim Committee a written report:

(a) describing any substances recommended by the committee for scheduling, rescheduling, listing, or deletion from the schedules or list by the Legislature; and

(b) stating the reasons for the recommendation.

(3) In advising the Legislature regarding the need to add, delete, relist, or reschedule a substance, the committee shall consider:

(a) the actual or probable abuse of the substance, including:

(i) the history and current pattern of abuse both in Utah and in other states;

(ii) the scope, duration, and significance of abuse;

(iii) the degree of actual or probable detriment to public health which may result from abuse of the substance; and

(iv) the probable physical and social impact of widespread abuse of the substance;

(b) the biomedical hazard of the substance, including:

(i) its pharmacology, including the effects and modifiers of the effects of the substance;

(ii) its toxicology, acute and chronic toxicity, interaction with other substances, whether controlled or not, and the degree to which it may cause psychological or physiological dependence; and

(iii) the risk to public health and the particular susceptibility of segments of the population;

(c) whether the substance is an immediate precursor, as defined in Section 58-37-2, of a substance that is currently a controlled substance;

(d) the current state of scientific knowledge regarding the substance, including whether there is any acceptable means to safely use the substance under medical supervision;

(e) the relationship between the use of the substance and criminal activity, including whether:

(i) persons engaged in illicit trafficking of the substance are also engaged in other criminal activity;

(ii) the nature and relative profitability of manufacturing or delivering the substance encourages illicit trafficking in the substance;

(iii) the commission of other crimes is one of the recognized effects of abuse of the substance; and

(iv) addiction to the substance relates to the commission of crimes to facilitate the continued use of the substance;

(f) whether the substance has been scheduled by other states; and

(g) whether the substance has any accepted medical use in treatment in the United States.

(4) The committee's duties under this chapter do not include tobacco products as defined in Section 59-14-102 or alcoholic beverages as defined in Section 32B-1-102.

Amended by Chapter 12, 2011 General Session

Amended by Chapter 340, 2011 General Session

58-38a-204. Guidelines for scheduling or listing drugs.

(1) (a) The committee shall recommend placement of a substance in Schedule I if it finds:

(i) that the substance has high potential for abuse; and

(ii) that an accepted standard has not been established for safe use in treatment for medical purposes.

(b) The committee may recommend placement of a substance in Schedule I under Section 58-37-4 if it finds that the substance is classified as a controlled substance in Schedule I under federal law.

(2) (a) The committee shall recommend placement of a substance in Schedule II if it finds that:

(i) the substance has high potential for abuse;

(ii) the substance has a currently accepted medical use in treatment in the United States, or a currently accepted medical use subject to severe restrictions; and

(iii) the abuse of the substance may lead to severe psychological or

physiological dependence.

(b) The committee may recommend placement of a substance in Schedule II if it finds that the substance is classified as a controlled substance in Schedule II under federal law.

(3) (a) The committee shall recommend placement of a substance in Schedule III if it finds that:

(i) the substance has a potential for abuse that is less than the potential for substances listed in Schedules I and II;

(ii) the substance has a currently accepted medical use in treatment in the United States; and

(iii) abuse of the substance may lead to moderate or low physiological dependence or high psychological dependence.

(b) The committee may recommend placement of a substance in Schedule III if it finds that the substance is classified as a controlled substance in Schedule III under federal law.

(4) (a) The committee shall recommend placement of a substance in Schedule IV if it finds that:

(i) the substance has a low potential for abuse relative to substances in Schedule III;

(ii) the substance has currently accepted medical use in treatment in the United States; and

(iii) abuse of the substance may lead to limited physiological dependence or psychological dependence relative to the substances in Schedule III.

(b) The committee may recommend placement of a substance in Schedule IV if it finds that the substance is classified as a controlled substance in Schedule IV under federal law.

(5) (a) The committee shall recommend placement of a substance in Schedule V if it finds that:

(i) the substance has low potential for abuse relative to the controlled substances listed in Schedule IV;

(ii) the substance has currently accepted medical use in treatment in the United States; and

(iii) the substance has limited physiological dependence or psychological dependence liability relative to the controlled substances listed in Schedule IV.

(b) The committee may recommend placement of a substance in Schedule V under this chapter if it finds that the substance is classified as a controlled substance in Schedule V under federal law.

(6) The committee may recommend placement of a substance on a controlled substance list if it finds that the substance has a potential for abuse and that an accepted standard has not been established for safe use in treatment for medical purposes.

Amended by Chapter 12, 2011 General Session